



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Brian Jamison

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1555400847
Outpatient Patient Service Revenue	\$2107456225
Total Gross Patient Service Revenue	\$3662857072

2. Deductions From Revenue

Contractual Allowance	\$2679728911
Other Deductions	\$60030068
Total Deductions	\$2739758979

3. Total Operating Revenue

Net Patient Service Revenue	\$923098093
Other Operating Revenue	\$42187132
Total Operating Revenue	\$965285225

4. Operating Expenses

Salaries and Wages	\$313526528	Employee Benefits	\$56695315
Depreciation and Amortization	\$31750761	Interest Expense	\$108137
Bad Debt	\$-2334329	Other Expenses	\$536477953
Total Operating Expenses	\$936224365		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$29060859	Total Assets	\$1008416694
Net Non-operating Gains over Loss	\$6950084	Total Liabilities	\$-153321388

Total Net Gains	\$36010943
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1878112867	\$1572333545	\$305779322
Medicaid	\$563886973	\$439699450	\$124187523
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1220857232	\$727725983	\$493131249
Total	\$3662857072	\$2739758978	\$923098094

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$2072791	\$2072791	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2126750	\$4865162	\$-2738412
Hospital Patients	\$0	\$0	\$0
Community Education	\$358835	\$3399882	\$-3041047

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16816860	
HCI Payments	\$0		
Subtotal	\$0	\$16816860	\$-16816860
Medicaid Shortfalls	\$124750746	\$190253773	
Subtotal	\$124750746	\$207070633	\$-82319887
DSH Payments	\$0		
Subtotal	\$124750746	\$207070633	\$-82319887
Medicare Shortfalls	\$305826927	\$488414813	
Other Government Programs	\$0	\$0	
Total	\$430577673	\$695485446	\$-264907773

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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